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F	ill in this inforr	nation to ide	ntify your cas	se:		Char	ck if thic	ie:	
	Debtor 1	Charles First Name	L. Middle Nar	Brov ne Last N					
	Debtor 2 (Spouse, if filing)	Tyheise First Name	K. Middle Nar	Brov ne Last N			following	_	s of the
	United States Bank	cruptcy Court for	the: EASTERN	N DIST. OF PEN	NSYLVANIA		03/17/ MM / DI	<u>2025</u> D / YYYY	
	Case number (if known)	20-12727-PM	MM						
0	fficial Form 10	06J							
S	chedule J: Y	our Expens	ses						12/15
na	rrect information. me and case numb	If more space is	s needed, attach Answer every qu	another sheet to	iling together, both a this form. On the top				
1.	Is this a joint cas	se?							
	✓ No	Debtor 2 live in a	a separate house st file Official Form		es for Separate House	hold of	Debtor 2	2.	
2.	Do you have dep	endents?	☑ No Fill out	this information	Ormation Dependent's relation Debtor 1 or Debtor		o to	Dependent's	live with you?
	Do not list Debtor Debtor 2.	1 and	_	endent				age	
	Do not state the c names.	dependents'							-
3.	Do your expense expenses of peo yourself and you	ple other than	☑ No ☐ Yes						- ∏ Yes
ŀ	Part 2: Estim	ate Your Ong	going Monthly	/ Expenses					
to		s of a date after	the bankruptcy	-	are using this form a a supplemental Sche	-	-	-	
	clude expenses pai ch assistance and		•	•	u know the value of icial Form 106l.)			Your expens	ses
4.	The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.					4		\$1,100.00	
	If not included in line 4:								
	4a. Real estate	taxes					4	a	
	4b. Property, ho	meowner's, or re	nter's insurance				4	b	\$90.00
	4c. Home maint	enance, repair, a	and upkeep exper	ses			4	c	
	4d. Homeowner'	s association or	condominium due	es			4	d	

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15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15b. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	ebtor 2	Tyheise K. Brown	Case number (if known)	20-12727-PMM
6. Utilities: 6a. Electricity, heat, natural gas 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable & Internrt 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Clothing, laundry, and dry cleaning 10. Personal care products and services 11. Medical and dental expenses 11. 12. Iransportation. Include gas, maintenance, bus or train fare. Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i).			Your	expenses
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6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Cable & Internrt Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 14. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17d. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d.	. Uti	lities:		
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cable services 6d. Other. Specify: Cable & Internrt 6d. Food and housekeeping supplies 7. Childcare and children's education costs 8. Clothing, laundry, and dry cleaning 9. Personal care products and services 10. Medical and dental expenses 11. Entertainment, clubs, recreation, newspapers, magazines, and books 12. Insurance. Do not include car payments. 13. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance spayments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Othe	6b	. Water, sewer, garbage collection	6b	\$70.0
Food and housekeeping supplies 7.	6c.		6c	\$247.0
Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. Life insurance 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Nour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	6d	Other. Specify: Cable & Internrt	6d	\$235.0
. Clothing, laundry, and dry cleaning 9.	. Fo	od and housekeeping supplies	7	\$388.50
0. Personal care products and services 10. 1. Medical and dental expenses 11. 2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 13. 4. Charitable contributions and religious donations 14. 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. 15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 5pecify: 7. Installment or lease payments: 17a. 17a. Car payments for Vehicle 1 17a. 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17c. 17d. Other. Specify: 17d. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. Ch	ildcare and children's education costs	8	
1. Medical and dental expenses 1. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 2. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. Taxes are payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	. Cle	othing, laundry, and dry cleaning	9.	\$25.00
2. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Taxes. To not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	0. Pe	rsonal care products and services	10	\$50.00
fare. Do not include car payments. 3. Entertainment, clubs, recreation, newspapers, magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 7. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	1. Me	dical and dental expenses	11	\$100.00
magazines, and books 4. Charitable contributions and religious donations 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. 15c. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 6. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. 8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			12	\$200.00
5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. 7. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Vour payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i).			13	
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 15d. 15d. 15d. 15d. 15d. 15d. 15d.	4. Ch	aritable contributions and religious donations	14	
15a. Life insurance 15b. Health insurance 15b. 15c. Vehicle insurance 15c. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 15d. 15d. 15d. 15d. 15d. 15d. 15d.				
15b. Health insurance 15c. 15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 15d. 15d. 15d. 15d. 15d. 15d. 15d.			15a.	\$105.0
15c. Vehicle insurance 15c. 15d. Other insurance. Specify: 15d. 15d. 15d. 15d. 15d. 15d. 15d. 15d.			_	Ψ100.0
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:			-	\$588.0
Specify:	15	d. Other insurance. Specify:	– 15d.	,
7. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).				
17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify:	•	•	16	
17b. Car payments for Vehicle 2 17c. Other. Specify:			17a.	
17c. Other. Specify:			_	
17d. Other. Specify:			_	
8. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).				
	8. Yo	ur payments of alimony, maintenance, and support that you did not report as		
9. Other payments you make to support others who do not live with you. Specify: 19.		her payments you make to support others who do not live with you.		

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Debtor 1 Debtor 2		Charles L. Brown Tyheise K. Brown	Case number (if known)	20-12727-PMM	
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c		
	20d.	Maintenance, repair, and upkeep expenses	20d		
	20e.	Homeowner's association or condominium dues	20e		
21.	Other	r. Specify: See continuation sheet	21. +_	\$165.00	
22.	Calcu	alate your monthly expenses.			
	22a.	Add lines 4 through 21.	22a	\$3,793.50	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2. 22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,793.50	
23.	Calcu	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a. <u> </u>	\$6,108.00	
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$3,793.50	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$2,314.50	
24.	Do yo	ou file this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?					
	7 1	No.			
		Yes. Explain here: None.			

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Debtor 1 Debtor 2	Charles L. Brown Tyheise K. Brown	Case number (if known)	20-12727-PMM
21. Other.	. Specify:		
Accou	unting Fees		\$15.00
News	spapers, Periodicals, Books		\$45.00
Healtl	h Club		\$20.00
Posta	age		\$15.00
Tools	s & Work Clothes		\$30.00
Veter	inary Expenses		\$10.00
Pet C	are1 Dog		\$30.00
		Total:	\$165.00